U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only	
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1. File Number U -

8049

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	01/01/2004 Through: 12/31/2004	
Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name LARRY G. PERINAR	Name CHICAGO REGIONAL COUNCIL OF CARPENTERS Labor Organization File Number	
P.O. Box, Bidg., Room No., if any	のの ユー の いつ P.O. Box, Building and Room Number, if any	
Street 1407 ESSINGTON RD.	Street 12 EAST ERIE	
City JOLIET	City CHICAGO	
State IL ZIP Code +4 60435	State ZIP Code + 4 606 \ \	
5. Position in labor organization. BUSINCES REP. LOCAL UNION 174		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	71. 4	
Street	7.b. Amount.	
City		
State ZIP Code + 4		

Signature

15. Signature and verification. The undersigned declares, under penalty of F submitted in this report find units the information contained in our penalty of F	Periury and other annicable of	malting of the law that all assets the state
submitted in this report (including the information contained in any accompanying undersigned's knowledge and belief true, correct and complete (See the	ciles and onici abbitcable be	mades of the law, that all of the information
trade and the second trade and trade to any accompanyi	ng documents), has been exa	nined by the signatory and is, to the best of the
undersigned's knowledge and belief, true, correct, and complete. (See the sec	lion on nenalties in the instruc	fione \
	son on pendides in the made	aona.)
Signed	771127	C . SOT OUGO
Jelles - Lever	Oi 00-11-05	415-125-9913
	-	$\frac{-20.5 \cdot 10^{-2} \cdot (10.0)}{10.00}$
	Date	Telephone Number
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Name of Person Filling LARRY G. PERIMAN	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name WHITFIELD & Mc GANON	a. Labor Organization		
Trade Name, if any:	b. Trust		
P.O. Box, Bldg., Room No., if any Suite 1601	c. Employer		
Street TWO NORTH LASALLE City CHICAGO			
State IL ZIP Code +4 60 602			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name	Recieved HAM DURING Holiday Season 18/04		
Trade Name, if any:	Holiday Season 18/04		
P.O. Box, Bidg., Room No., if any			
Street	11.b. Approximate dollar value of such dealing. まない サンドル しゅうしゅうしゅう しゅうしゅう しゅう		
City	12.a. Nature of interest held or income received.		
State ZIP Code + 4			
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above)			
or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State ZiP Code + 4			
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.		



DISCLAIMER

The transactions, dealings and interests that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended LM-30 Report.

Signature

Date